

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 3121  
Registered No. 306

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 115-A Red Springs Stamp Ward \_\_\_\_\_  
Malden (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
Martina Rivera (If child is not yet named, make supplemental report, as directed.)

**2. Full name of child**

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth July 2 1929  
Month Day Year

**8. FATHER**  
Full name Juan Rivera  
**9. Residence**  
(Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 40 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexican

13. Occupation Miner  
Nature of Industry Copper

**14. MOTHER**  
Full maiden name Maria Hernandez  
**15. Residence**  
(Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 26 (Yes)

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexican

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn 0 21. Were precautions taken against of thalimia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 11 m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. H. Miller  
(Physician or midwife)

Given name added from \_\_\_\_\_ Address Miami, Arizona  
a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_  
Registrar July 12, 1929 Registrar J. E. Dinn